

WELFARE INTERCEPT SYSTEM

COUNTY TRANSACTION DOCUMENT

COUNTY CODE	TAX YEAR	WORKER / DISTRICT ID	RECORD TYPE <input type="checkbox"/> 1=Establish <input type="checkbox"/> 2=Change	<input type="checkbox"/> 3=Delete <input type="checkbox"/> 4=Refund	* <input type="checkbox"/> 5=Voluntary Payment Change * <input type="checkbox"/> 6=Voluntary Payment Delete * #'s 5 and 6 are for IRS only
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1. SSN		2. CASE I.D.		3. DELINQUENCY DATE (month) (day) (century/year) / /	
4. LAST NAME		5. FIRST NAME		6. M.I.	
7. C / O NAME		8. STREET ADDRESS			
9. CITY	10. STATE / COUNTRY	11. ZIP CODE	12. JUDGEMENT DEBT (IRS ONLY)	13.	

	FTB		IRS	
CalWORKs AE	14.	00	20.	00
CalWORKs IPV	15.	00	21.	00
CalWORKs IHE	16.	00	22.	00
Food Stamps AE	17.	00	23.	00
Food Stamps IPV	18.	00	24.	00
Food Stamps IHE	19.	00	25.	00

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